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Summary

Incidence and management of bile duct injuries

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Hepatobiliary | Pancreas | Surgery

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Bile duct injury during cholecystectomy is rare but carries high impact, with outcomes dependent on early recognition, timely multidisciplinary intervention between surgeons and gastroenterologists, and appropriate triage to endoscopic versus surgical repair.

KEY POINTS

- The speaker reported bile duct injury rates of 0.4 to 1.5 percent in laparoscopic cholecystectomy and 0.1 to 0.3 percent in open cholecystectomy, with mortality remaining low when intervention is timely but increasing with delay.
- The classical error is mistaking the common bile duct for the cystic duct, most often recognized postoperatively rather than intraoperatively, with risk factors including poor retraction, inadequate equipment, inflammation, obesity, short cystic duct, and failure to seek help early.
- Minor leaks such as cystic duct stump leakage can be treated endoscopically in almost 100 percent of cases according to the speaker, while partial duct injuries may be managed endoscopically if recognized early or with combined stenting and surgery if late.
- Complex transections requiring biliary reconstruction should be referred to HPB centres, with the speaker stating that delayed repair is no longer necessary in modern practice as all bile duct types can be reconstructed regardless of size or inflammation.
- The speaker emphasized that minimally invasive and robotic techniques are now used for reconstruction, and that immediate HPB surgeon involvement at the time of recognition, ideally intraoperatively, is key to optimal outcomes.

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